

Minutes of the meeting of the Human Resources Committee of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Tuesday, February 19, 2019 at the hour of 9:00 A.M. at 1950 W. Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Richardson-Lowry called the meeting to order.

Present: Chair Mary B. Richardson-Lowry and Directors Mary Driscoll, RN, MPH; Heather M. Prendergast, MD, MS, MPH; and Sidney A. Thomas, MSW (4)

Board Chair M. Hill Hammock (ex-officio) and Director Ada Mary Gugenheim

Absent: None (0)

Additional attendees and/or presenters were:

Nick Krasucki – Equal Employment Opportunity
Director

Jeff McCutchan –General Counsel

Carrie Pramuk-Volk –Employment Plan Officer

Barbara Pryor –Chief Human Resources Officer

Deborah Santana – Secretary to the Board

John Jay Shannon, MD – Chief Executive Officer

Wayne Wright – Director of Organizational
Development and Training

The next meeting of the Committee will be held on Tuesday, April 16, 2019 at 9:00 A.M.

II. Public Speakers

Chair Richardson-Lowry asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from Employment Plan Officer (Attachment #1)

Carrie Pramuk-Volk, CCHHS Employment Plan Officer (EPO), provided an overview of the presentation regarding the 9th EPO Semi-Annual Report, which included information on the following subjects:

- Reporting Period – July – December 2018
- Employment Plan Changes
- Monitoring and Investigations – Status Update
- Employment Activity – Alternate Hiring Processes and Supplemental Policies

The 9th EPO Semi-Annual Report is included in Attachment #1.

IV. Action Items

A. Minutes of the Human Resources Committee Meeting of December 13, 2018

Director Prendergast, seconded by Director Thomas, moved to accept the minutes of the meeting of the Human Resources Committee of December 13, 2018. THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items (continued)

B. Any items listed under Sections IV and VII

V. Report from Chief Human Resources Officer (Attachment #2)

Barbara Pryor, Chief Human Resources Officer, reviewed her report, which included information on the following subjects:

Metrics: HR Activity Report

- Open Vacancies through 1/31/19
- Improve / Reduce Average Time to Hire
- Hiring Snapshot through 1/31/19
- Appendix – Nursing and Finance Hiring Snapshot through 1/31/19

During the review of the information on slide 5 of the presentation, regarding the hiring snapshot, Director Prendergast inquired regarding the breakdown between clinical and non-clinical positions for the 159 vacancies filled. Ms. Pryor responded that of the 159 vacancies filled, 39 were nurses, 4 were physicians and 107 were all other positions. She indicated that she will provide a further breakdown of the positions that fall into the “other” category. Dr. John Jay Shannon, Chief Executive Officer, commented that, in an overall sense, he considers all positions to be clinical, as they all impact the patient care experience in some way.

Board Chair Hammock inquired regarding the number of 864 currently vacant positions as referenced on slide 5 of the presentation. He requested that the Committee receive a chart with the flow of vacant positions as they have in the past. Ms. Pryor responded that this can be provided; however, she noted that staff are working with the County’s Budget Department to identify what that vacancy number is, as that has not yet been finalized. She anticipates that this information will be available in time for the next Committee meeting.

Wayne Wright, Director of Organizational Development and Training, provided additional information on the subject of orientation for new employees and contractors working within CCHHS.

Director Thomas inquired regarding the types of positions included in the Finance Hiring Snapshot on slide 8 of the presentation. Ms. Pryor responded that she will provide that information.

VI. Recommendations, Discussion / Information Item

A. Strategic planning discussion: Human Resources (Attachment #3)

Ms. Pryor provided an overview of the presentation, which included information on the following subjects:

- Overview of Human Resources Department
- Classification and Compensation, 2018 Accomplishments

VI. Recommendations, Discussion / Information Item

A. Strategic planning discussion: Human Resources (continued)

- Recruitment, 2018 Accomplishments
- Equal Employment Opportunity (EEO), 2018 Accomplishments
- EEO – CCHHS Employee Population – Race and Ethnicity
- Operations, 2018 Accomplishments Organizational Development and Training, 2018 Accomplishments
- Human Resources Information Systems Technology Integration
- Impact 2020 Recap – Status and Results
- Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis
- Strategic Planning Recommendations

During the discussion of the information on slide 5 of the presentation, regarding recruitment, Chair Richardson-Lowry inquired whether the number of 800 active titles in the organization is typical in the industry. Ms. Pryor responded that she will have staff research into the subject and will return to the Committee with a response.

During the discussion of the information on slide 8 of the presentation, regarding the race and ethnicity of the employee population, Chair Richardson-Lowry inquired whether this data can be supplemented with a category for management. Ms. Pryor responded affirmatively.

Also with regard to the subject of race and ethnicity of the employee population, the Committee discussed the complexities of the subject as it relates to sub-groups under the different categories, challenges associated with self-identification and the inability to properly recognize certain groups under the existing categories. A question was raised regarding whether the racial category of Asian includes those persons who are from India or who are of Indian descent. Chair Richardson-Lowry clarified for the record that most of these categories are based on the U.S. Census. Because this organization is a recipient of federal dollars in part, it tries to track that information based on those categories. With respect to the Asian category, which is based on the Census, it does subsume across the spectrum of Asians, including people who are from India or who are of Indian descent. With respect to African Americans, those who are indigenous Africans do not typically get classified that way. The Black category is used by indigenous Africans, and when that classification is deemed not descriptive enough they will sometimes default to unknown. The organization is obligated to track this information; she stressed the importance that the information has to be self-identified.

The Committee discussed the subject of workplace violence training. Currently, all employees receive training on workplace violence as a part of their annual online training curriculum. Chair Richardson-Lowry noted that an initiative that is trending is for companies to provide semi-annual training for managers on workplace violence. Ms. Pryor responded that she will look into that, as it is a great idea.

Board Chair Hammock inquired can the Committee can receive metrics on bilingual hires, when the information is available, comparing where the organization stands today versus execution of the strategic plan. Ms. Pryor responded affirmatively.

Director Thomas requested data on patients' preferred languages; he noted that this information was provided during the previous strategic plan's discussions.

VII. Closed Meeting Items

- A. Report from Chief Human Resources Officer**
- B. Discussion of personnel matters**
- C. Update on labor negotiations**
- D. Discussion of litigation matters**

The Committee did not recess into a closed meeting.

VIII. Adjourn

As the agenda was exhausted, Chair Richardson-Lowry declared the meeting
ADJOURNED.

Respectfully submitted,
Human Resources Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXX
Mary B. Richardson-Lowry, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/Follow-up:

- Follow-up: Regarding slide 5 of the metrics, regarding the number of vacant positions, a request was made for a chart with the flow of vacant positions as has been provided in the past. Page 2
- Request: A request was made for information on the types of positions included in the Finance Hiring Snapshot, on side 8 of the metrics. Page 2
- Follow-up: A suggestion was made to look into the subject of whether the number of active titles (800) in the organization is typical in the industry. Page 3

- Request: With regard to the information regarding race and ethnicity of the employees (slide 8), a request was made to include a category for management. Page 3
- Follow-up: A suggestion was made to look into the possibility of providing semi-annual training for managers on workplace violence, in addition to the annual online training provided. Page 3
- Request: A request was made for metrics on bilingual hires, when the information becomes available. Page 3
- Request: A request was made for data on patients' preferred languages. Page 3

Cook County Health and Hospitals System
Minutes of the Human Resources Committee Meeting
February 19, 2019

ATTACHMENT #1

Employment Plan Officer Update

9th Reporting Period: July – December 20 18

February 19, 20 19



Employment Plan Changes

What's New?

Employment Plan Amendments

- Added an Indefinite Posting Process
- Amended the Emergencies and Temporary Positions provision
- Updated the following Plan Exhibits:

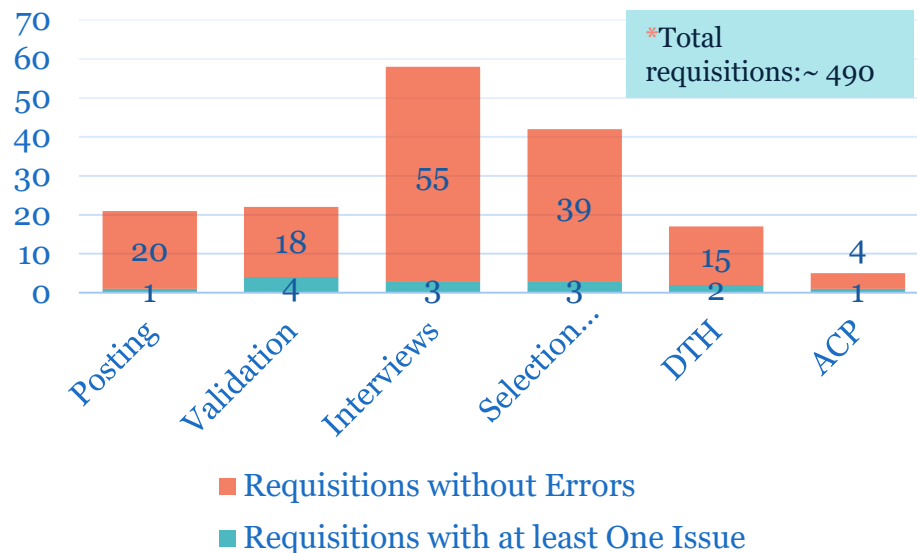
Exhibit 1 – Actively Recruited Positions List	<ul style="list-style-type: none">- Amended twice- Added 38 positions- Removed 36 positions- Updated or modified 16 positions
Exhibit 5 – Direct Appointment Positions List	<ul style="list-style-type: none">- Amended in September- Added 6 new positions- Removed 1 position- Job description changes for 2 positions
Exhibit 13 – Advanced Clinical Positions List	<ul style="list-style-type: none">- Amended twice- Added 34 new positions- Removed 7 positions- Corrected 4 position titles

Monitoring and Investigations

Status Update

HIRING PROCESSES

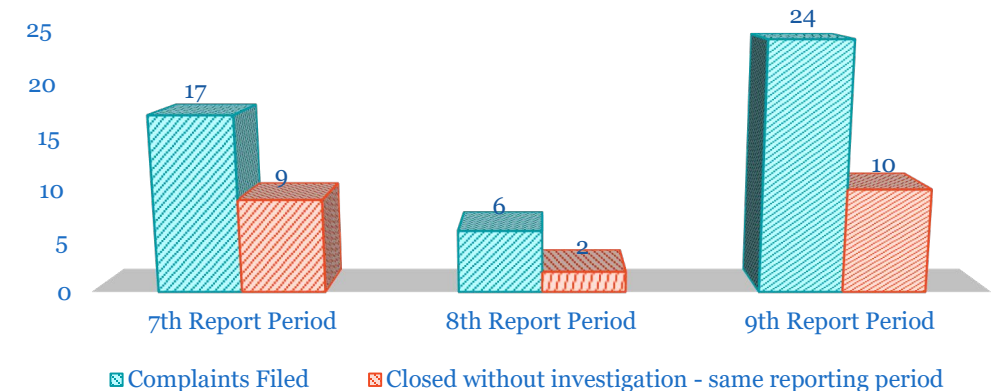
(MONITORED ~16% OF REQUISITIONS*)



Complaints & Investigations

- Issued 25 Non-Compliance Notices
 - 4 related to hiring, 19 related to discipline
- Closed 15 files (~38 files remain active)
- Issued 5 Incident Reports
 - No CCH concerns identified

COMPLAINTS BY REPORTING PERIOD



Employment Activity

Alternate Hiring Processes & Supplemental Policies

Activity	Volume
Direct Appointments	11
Executive Assistant Appointments	1
Department/Division Chair Appointments	3
Approved Transfer Requests	0
Approved Interim Assignments	2
Grade 24 Salary Adjustments	6

Each of the above employment decisions are forwarded to the EPO and OIIG:
no concerns were noted this reporting period

Questions?



COOK COUNTY
HEALTH

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President, Cook County Board of Commissioners
John Jay Shannon, MD
Chief Executive Officer, Cook County Health

February 13, 2019

Dr. John Jay Shannon
Chief Executive Officer
Cook County Health
1950 W. Polk Street, 9th Floor
Chicago, Illinois 60612

Mr. Patrick M. Blanchard
Independent Inspector General
69 W. Washington
Suite 1160
Chicago, Illinois 60602

9TH EPO SEMI-ANNUAL REPORT

Dear Dr. Shannon and Inspector General Blanchard:

This is my ninth semi-annual report issued pursuant to Section IV.C.2 of the Cook County Health (CCH) Employment Plan (Plan). This report covers my office's training, monitoring, auditing, and investigative activities from July 16, 2018, through December 31, 2018.

Of note, during this reporting period CCH, in conjunction with Cook County Offices Under the President (County), achieved substantial compliance with the Shakman Consent Decrees and the Supplemental Relief Order entered in the *Shakman* litigation.¹ On October 31, 2018, the County, was released from the *Shakman* litigation and now stands on its own to ensure continued compliance with our Plan, employment policies, and related ordinances and laws. This monumental achievement could not have occurred without the cooperation of CCH leadership at all levels and the collaboration of HR and my office on making sure we have systems in place to ensure continued compliance.

In order to maintain compliance, the Chief Human Resources Officer (CHRO) and I meet regularly (at least monthly, but often weekly or more) to discuss anticipated and unforeseen concerns with implementing the Plan provisions and Supplemental Policies. Our offices work closely together to educate management, correct errors, discuss aberrations, and assess the Plan's effectiveness to meet ever changing business needs. We have developed several joint goals to work on during 2019, two of which are (1) revising the Supplemental Policies to account for organizational and technological changes, and (2) closely analyzing the current hiring processes to increase efficiency and time to fill.

TRAINING

In October, CCH rolled out annual education for all CCH staff. Included in these online courses were the following Employment Plan modules:

¹ *Shakman, et al., vs. Democratic Organization of Cook County, et al.*, No. 69 C 2145 (N.D. Ill.).

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1. Employment Plan Training (overview) – for all CCH staff;
2. Employment Plan Interviewer Training – for all CCH management and leadership that have completed a classroom course in the past;
3. Supplemental Policies & Procedures Training – for all supervisors, management, and leadership that have completed a classroom course in the past.

All annual Plan training requirements are administered using the online courses, except for the annual HR training. Classroom sessions are still available for new or newly promoted employees, Human Resources (HR) employees, and those wishing to take a classroom course in lieu of an online module. As of December 31, an average of 91% of employees had completed the required online coursework (the average is across all three online sessions), but 99% of all employees had completed the Employment Plan Training (overview) course which educates all staff on their obligations under the Plan. Among the Plan requirements covered is the obligation to report political discrimination and political contacts to the OIIG.

In addition to CCH staff and contractors, I also trained the Bureau of Human Resources (BHR) Labor Team. In April of 2018, BHR began oversight of CCH Labor matters, at which point it became necessary for them to receive training on the CCH Employment Plan. These were classroom sessions which consisted of the three courses listed above, plus the HR Annual Training module.

The following chart outlines the classroom trainings conducted by my office during this reporting period and in 2018 overall:

	9 th Reporting Period	2018	Employees Trained	
			9 th Rpt	2018
HR Training	2	6	9	39
Interviewer/Leadership	10	19	78	123
Supplemental Policies	6	13	61	105
CCH Board of Directors	0	4	0	10
Refresher Course <i>(discipline and/or hiring)</i>	6	8		

Departments may request (or be required) to have additional refresher training courses for their management teams. This year we completed several of those around the Discipline Policy or Interview and Selection processes, also noted in the chart above.

In 2019, there will be changes coming to our training sessions. I began transition of the Supplemental Policies and Procedures course to the HR Learning and Development Team. We anticipate that by third quarter of

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2019, HR's training analysts will conduct the classroom sessions, and I or my staff will assist where needed. This transition does not include the Discipline Policy. The Discipline Policy training is under revision, and eventually will be a separate session for management.

In addition to modifying the current training sessions and online courses, Operation Counsel and I are working with the Chief Quality Officer to re-invent our approach to discipline training. We are working on a multipart training session that will include aspects of Just Culture² (to promote patient safety and employee satisfaction) as well as progressive discipline training provided by BHR Labor. We hope that by segregating training on the Discipline Policy and practices from the other Supplemental Policies, management will get more focused guidance to meet their needs which in turn should increase compliance with the policies and decrease grievances by the staff.

MONITORING

Hiring

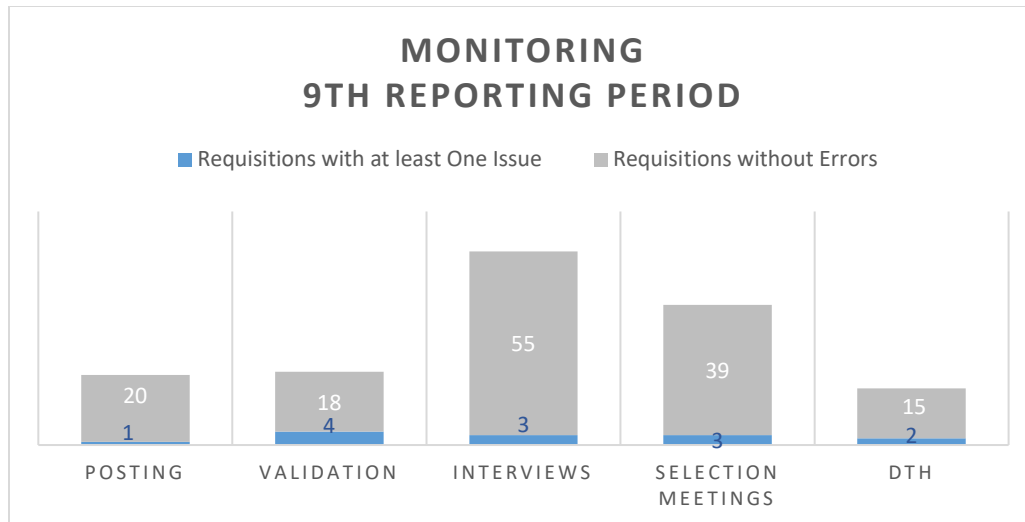
During this reporting period, HR posted approximately 490 requisitions (sometimes representing multiple vacancies per requisition)³ and there were 35,742 applicants for those posted positions. Of those approximately 490 requisitions posted, my office monitored (in various and often multiple stages) 79 requisitions. The stages at which monitoring occurred is depicted in the chart, below.

² See Marx D. *Patient Safety and the Just Culture: A Primer for Health Care Executives*. New York, NY: Trustees of Columbia University; 2001.

³ This number represents the requisitions publicly posted during our reporting period; however, it does not represent the number of requisitions worked during that same time frame. In addition, this number does not represent the number of positions HR worked to fill during this same time frame, as many vacancies may be associated under on requisition number.

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General and Actively Recruited Positions Hiring

My office monitored approximately 76 General and Actively Recruited hiring processes this reporting period. This accounts for roughly 16% of the posted requisitions. However, despite the low number of unique requisitions monitored, approximately 34% of the monitored requisitions were monitored at multiple stages or multiple times.⁴

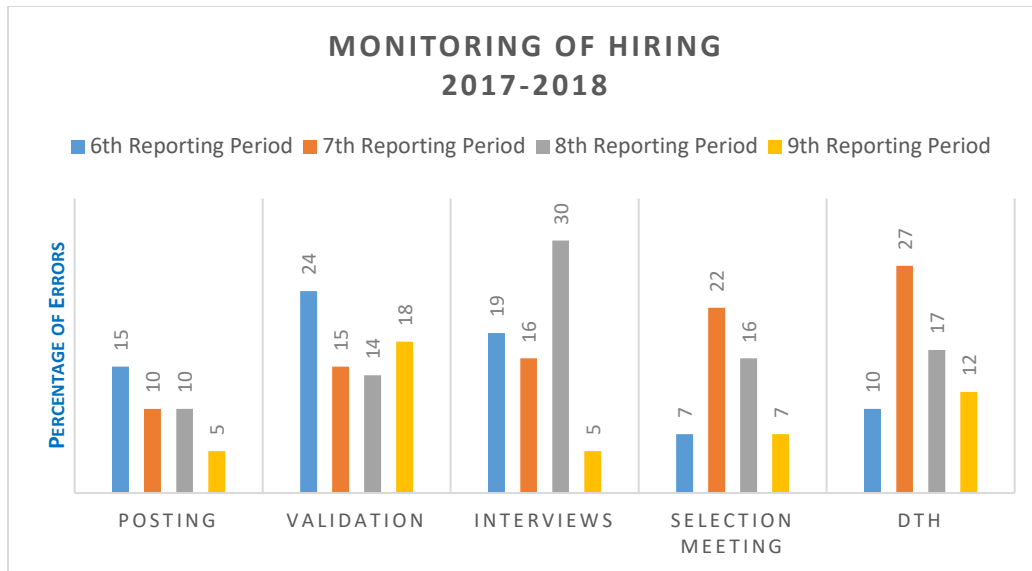
As the chart displays, we identified very few errors in execution of the hiring processes this reporting period. Although some of the processes monitored had multiple errors or mistakes that needed to be corrected, we generally found that with a little guidance by HR or my office, management executes the Plan as intended. The errors identified by my office were often corrected immediately by HR or the department, and all of them were corrected before an offer was made to the selected candidate(s). Furthermore, none of the identified errors or concerns were intentionally noncompliant. Often, particularly during the interview and selection processes, clarification was needed about what should occur or what should be documented.

The next chart shows the progress made over the past two years (2017 and 2018). It is evident that the percentage of errors identified continues to decline. Most noteworthy is the dramatic decrease in errors during the validation and interviewing processes.

⁴ A requisition may be monitored multiple times for a given process if the position was posted more than once or if multiple groups of applicants were interviewed in order to fill a vacancy.

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Advance Clinical Position (ACP)

My office monitored four different ACP positions during this reporting period; two during the Decision to Hire phase and two during the interview stage. We only identified one issue, which was easily corrected: one DTH packet did not contain the completed application and NPCC for the selected candidate, as required. Once alerted to this, HR was able to obtain and provide the required documents before an offer was made to the chosen candidate.

Direct Appointments

My office reviews all completed Direct Appointment requests to hire (RTH) pursuant to Plan Section VIII.G.3. This reporting period, the CEO, through HR, submitted 11 Direct Appointment RTHs. All of them complied with the Plan requirements.

A similar process is used when the CEO and Board of Directors appoint someone to a Department, Division or Section Chair of the Medical Departments of the Medical Staff (Plan Section VI.B). HR submitted three (3) Medical Department appointment RTHs this reporting period. All of them complied with the Plan requirements.

In addition, HR submitted an RTH for an Executive Assistant position. The process used for hiring an executive assistant is substantially similar to that of a Direct Appointment position, though usually, the final decision maker is the Direct Appointee instead of the CEO. However, in this case, the executive assistant will

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report to the CEO, so the CEO was the final approver. My office did not identify any concerns with the selection of the CEO's executive assistant.

Summary

In sum, although there are occasions where mistakes are made and errors need to be corrected during the hiring processes, there was no pattern of intentional noncompliance with the Plan. In fact, the checks and balances in place (HR running interference with a thorough review at each stage of the hiring process) appear to be working well.

Supplemental Policies

Transfers (#02.01.12)

There were no transfer requests received by my office this reporting period. However, I identified one non-union employee transfer where paperwork was needed. In this instance, an employee was temporarily transferred to another work site a few days per week. Because it was not a permanent and complete transfer of job location, the manager did not realize that the Transfer policy applied. I have reached out to HR leadership about the situation and expect to receive the paperwork presently.

Interim Assignment (#02.01.16)

During this reporting period, HR submitted two approvals for Interim Assignment/Interim Pay according to the policy requirements. There were no concerns with either of the submissions.

Training Opportunities (02.01.13) & Overtime (02.01.14)

My office did not conduct any audits of these two policies during this reporting period. However, the Plan requires that every June and December, I issue No Political Consideration Certificates (NPCC) to Department Heads for each of these policies. These NPCCs were sent out to Directors and Leadership on December 10, 2018 utilizing a research tool that allows my office to capture physical signatures and the policy documents (for the Training Opportunities policy). As the end of December a little more than 80% of the certifications have been collected. However, during the follow-up, we identified a serious software error that occurred. The software administration team is currently working to trace the data corruption and fix the issue. Once we identify the extent of the data corruption, we will follow up with management to get the outstanding certifications on file. We hope to have this problem corrected within the next few weeks.

My office did not audit either of these policies in 2018 (in part due to the data corruption issue during the last NPCC collection in December). Therefore, an audit of one or both of these policies will take place in 2019.

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Discipline (02.01.15)

The Discipline Policy is one of the most widely used Supplemental Policies at CCH. In October through December of 2018, my office conducted a discipline audit of 24 departments to determine if there were any areas for improvement or additional trainings needed, as well as to identify if CCH has overall increased its compliance with this policy since the 2017 audits. Due to staff attrition (particularly the analyst that monitored and audited discipline), I have not been able to finalize the audit results, but hope to do so within the next few weeks.

An additional effect of the attrition of staff in my office was that the tracking of discipline (by my office) was temporarily suspended until those vacancies could be filled (they remain vacant as of the date of this report). My office is currently working with HR to ensure we have an accurate record of all of the discipline sent to HR during the last reporting period, but due to reporting constraints in our EBS (the Payroll/HRIS system used by Cook County agencies), we are not confident that we have accurately captured that information yet. Due to uncertainty about the data, and the time it takes to manually track and report on this information, I will issue a supplemental report in the next few months that provides an update on the Discipline Policy, including the final results of my discipline audit.

Salary Adjustments for Grade 24 Positions (#02.01.22)

Since implementation of this policy in June, there were six salary adjustments for Grade 24 employees. The CHRO provided the CEO's approval and supporting documentation to the EPO and OIIG. I did not identify any concerns.

NON-COMPLIANCE NOTICES

As outlined in my 3rd Semi-Annual Report issued in March 2016, there are several ways my office communicates with employees and management about noncompliance with provisions of the Plan and Supplemental Policies. One method is to issue an Incident Report that is associated with an Investigation. Those are discussed in the Investigation section.

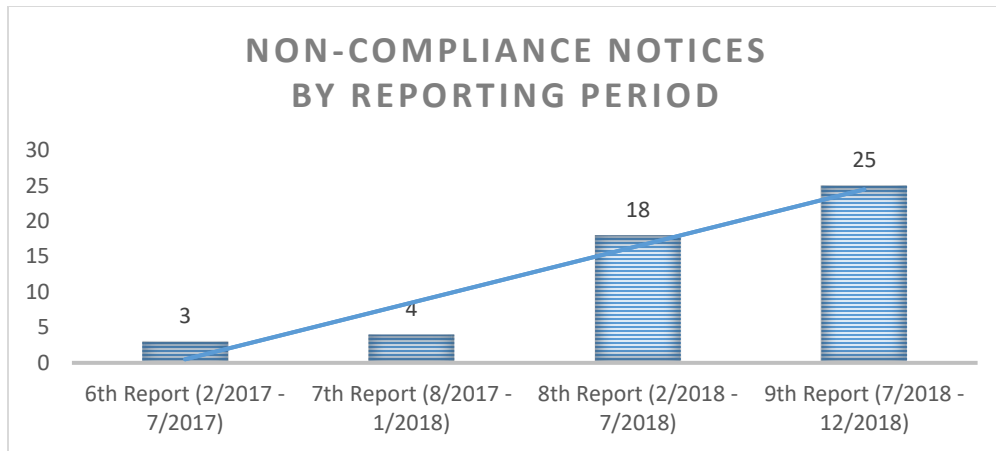
However, when technical violations occur and an extensive investigation is unnecessary, my office issues a Notice of Non-Compliance⁵ to the manager and Department Head. The Notice alerts management to the issue in real time as well as instructs them on how to correct or avoid the situation. During this last reporting period, I issued 25 such Notices.

The graph below outlines the number of Non Compliance Letters issued in 2017 and 2018 by reporting period.

⁵ These Notices of Non-Compliance were formerly referred to as Violation Letters.

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The increase in Notices issued correlates to the increased watchfulness of HR regarding issues of noncompliance as well as systematic monitoring of the discipline processes. There are two broad categories of issues addressed by these notices – hiring and discipline. Of the 25 notices issued, 19 of them (representing 24 policy violations) were for related to the Discipline Policy: nine instances of missing signatures, three instances of failing to get approval from HR before issuing a suspension, and 12 instances of failing to send the disciplinary action forms (DAFs) to HR in the required time frame. In each instance, the manager corrected the error when it was brought to his or her attention.

This reporting period there were only six notices of noncompliance with hiring provisions of the Plan. They covered two topics: failing to use HR-approved interview questions and failing to provide the required advanced notice for interviews, selection meetings, or application review meetings. The two instances of not using HR-approved interview questions did not result in any material defect. HR confirmed that had they received the questions in advance, they would have approved them; no harm resulted.

The four instances of failure to provide notice were identified through HR’s vigilance with the process, and in each of these instances, HR had already reached out to the manager to correct the problem. In only one of these instance was the manager required to reschedule an application review meeting. This occurred because HR found material discrepancies with the paperwork and the standard process. In that case, the meeting was monitored by my office and no additional concerns were noted.

INVESTIGATIONS

During this reporting period, we received 24 new complaints and issued five (5) incident reports. Of the 24 complaints filed, 10 were closed during this reporting period, including six (6) which were forwarded to other department(s) for handling. In all, 15 files were closed (including the 10 new complaints); summaries provided below.

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New Complaints

EPO2018-12: Complainant is an applicant/employee that alleged that the hiring panel not only selected an unqualified candidate for the position (selected candidate did not meet the minimum qualifications of the job description), but that the hiring panel (1) announced the selected candidate prior to HR making an offer of employment, and (2) that she was the victim of age discrimination. The allegation of age discrimination was forwarded to the CCH EEO Director for investigation and review. Upon inspection of the hiring materials, the complainant had not scored well enough during the process to be considered by the interview panel and the selected candidate did meet the minimum job qualifications. No report was issued, but a letter was sent to the complainant explaining that there was nothing for this office to investigate, but that she should follow up with the Director of EEO in order to pursue her complaint further. *Closed.*

EPO2018-13 & EPO2018-19/18-006: Investigation 18-006 is the combination of two separate complaints filed with my office. The first was from a member of management alleging that the hiring panel selected a candidate for a vacancy in the department that did not meet the minimum job qualifications. The second was from an applicant/employee that interviewed for that same position. The applicant complainant alleged unprofessional treatment during the interview and failure to select her despite meeting the minimum qualifications. After reviewing the qualifications with the applicant complainant during the complainant interview, we explained that with the documentation she provided, she did not meet the minimum qualifications and therefore could not be considered. However, upon closer review, we determined it was questionable that the employee met the qualifications for her current position. Therefore, based upon the allegations by the manager complainant and the information provided by the applicant complainant, my office opened an investigation file to audit and review all hiring decisions for this particular job classification since implementation of the Employment Plan. *Pending.*

EPO2018-14: An anonymous complaint was sent to my office regarding allegations of employees inappropriately discussing their sexual relationship in the work place. This complaint was forwarded to the EEO Director for further investigation. *Closed.*

EPO2018-15: Complaint by an employee that the minimum qualifications for a department vacancy was changed so that a specific individual could be hired who did not previously meet the qualifications for the position. *Pending.*

EPO2018-16/18-009: Complainant is an employee that alleged HR changed the 'condition of her employment' when it reduced her yearly vacation accrual from five weeks to three weeks. Complainant alleged that she only took the position after relying upon the stated vacation time of five weeks which was also confirmed in writing when she received her conditional offer letter. After more than 1 year of accruing five

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weeks of vacation per year, it was reduced to three and she was told she would need to “return” the excess time.
Pending.

EPO2018-17: Complaint is an employee that alleged a supervisor was inappropriately transferring employees from the evening shift to the day shift outside of the Collective Bargaining Agreement and Supplemental Policies. In addition, this same supervisor was not handling staff coverage and was “bullying” the complainant. *Pending.*

EPO2018-18/18-005: Complainant is an HR employee that alleged an applicant may have falsified her application materials in order to secure an interview for a position. Specifically, the applicant claimed to have obtained Pediatric ICU (PICU) experience at the Jesse Brown Veteran Affairs Hospital (VA). Upon follow-up, the HR employee learned from the VA that they do not have a PICU. After an investigation and discussion with the applicant, we sustained the allegation in part. We found Applicant had misstated her work experience on her application materials; nonetheless, we could not find any evidence that she intentionally falsified the application. Thus, although applicant was appropriately disqualified from the hiring process for a material inconsistency in her application, she will not be placed on the Ineligible For Hire list. *Closed.*

EPO2018-20/18-007: HR management forwarded information to my office which appeared to indicate that a director was improperly transferring managers within the department. Specifically, the information indicated that the managers applied to a requisition with one specific budgeted location, but then was placed at a different budgeted location within the department immediately after orientation. My office is conducting an audit of all of the management hires within this department. *Pending.*

EPO2018-21: Complainant alleged inadequate staffing in her department and unfair distribution of leave time by management. After an interview with the Complainant, it was determined that this was a management issue and no Plan or Supplemental Policy violations were at issue. Complainant was advised to address her concerns with department leadership. *Closed.*

18-008: Complainant alleged unjust treatment during the hiring process for a supervisory position in his department. He alleged that one of the panel members had a conflict of interest and should not have been permitted to interview him. He believed his skills and experience were not fairly evaluated due to this conflict of interest for one of the panel members. My office has completed the investigation and is currently drafting the final report. *Pending.*

EPO2018-22: Complainant is an employee that applied to a vacancy within CCH. When she did not get an interview, she filed a complaint with our office alleging an external applicant was hired in lieu of her despite her qualifications to perform the job. Upon review of Complainant’s application it was identified that she never made it to the preliminary eligibility list because she responded “No” to one of the prescreening questions

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during the application period. She disqualified herself by providing a “No” response. In compliance with the Plan, HR never reviewed her application nor forwarded her application to the department for consideration. Complainant was advised of the policy and this file was closed. *Closed.*

EPO2018-23: Complainant alleged discriminatory hiring practices as follows: (1) department management manipulating the minimum qualifications for positions to ensure desired candidates are selected and others cannot apply; (2) implied allegation that hiring manipulation by management is race-based; and (3) past errors during the screening process with her applications continue to occur. *Pending.*

EPO2018-24: HR forwarded information that implied management in a department was requiring financial contributions of some type in order to receive overtime opportunities. When HR received further information, it was identified that the solicited contributions were not of a political nature and not a prerequisite to receiving overtime opportunities. HR is still looking into this matter, and this file will remain open pending the outcome of the HR investigation. *Pending.*

EPO2018-25: Complainant was an applicant that alleged he was asked to bring documentation not required for the position and that he was disqualified for bringing the information required by the Posting in TALEO. After a brief inquiry with the interview panel and a look at the records for the hiring process, it was determined that the interview panel selected a candidate they felt was better suited for the position and not because the Complainant brought the documents provided during the interview. My office explained the hiring process in detail to the complainant and sent a letter advising him this file would be closed for failure to identify any Plan violations to investigate. *Closed.*

EPO2018-26: Complainant applied for a Direct Appointment position and alleged discriminatory hiring practices which kept him from getting the position. After discussion of the discretionary nature of the Direct Appointment hiring process, Complainant requested additional time to determine whether to file a formal complaint. Once the vacancy is filled, I will follow up with Complainant to determine if he wishes to pursue this complaint; if not, the file will be closed at that time. *Pending.*

EPO2018-27/18-010: Complainant is an employee that reached out to management and my office alleging that one of the department supervisors was acting outside of the position job description. Upon initial inquiry, the allegations appear to have some merit, so my office has opened an investigation into this matter. *Pending.*

EPO2018-28: An applicant filed a complaint with my office alleging that she did not receive an interview for a position to which she met the minimum qualifications. Upon initial review, it was determined that the complainant did meet the minimum qualifications, and as an internal applicant, should have received an interview. My office is looking into this further to determine if the correct process was followed after HR sent the Complainant’s information to the department. *Pending.*

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EPO2018-29: Complainant alleged that some employees in the department equally situated to her are treated differently regarding their accrued leave time. Upon inquiry with HR into the status of all of the individuals identified by complainant, it was determined that HR was handling the matter to ensure equal treatment of these employees. No further investigation was needed so we have closed this file. *Closed.*

EPO2018-30: Complainants alleged that their Department Head was not following progressive discipline processes and was inconsistent in the application of discipline issued to employees. In addition, the Complainants alleged recent erosion of job duties and bullying by this Department Head. Upon initial inquiry with HR, it was determined that HR leadership was already working on these same issues with management for this department. I have opened a file and will follow up on HR's resolution of these complaints. Once resolved, if the Complainants are satisfied that no further Plan issues remain, the file will be closed at that time. *Pending.*

EPO2018-31/ EPO2019-2: Initial Complainant alleged that her manager was using political and family connections to discipline and terminate employees in the department. The allegations were vague and generalized. Shortly following, an anonymous complaint was received alleging similar allegations and that the Manager was a political hire that cannot perform her job. This complaint was forwarded to the OIIG due to the political allegations in accordance with the Plan. *Closed.*

EPO2018-32: Management forwarded information to the Employment Plan Office and HR regarding an alleged prohibited contact regarding the hiring processes in one of his departments. My office is scheduling time with the accused employee and will determine if an investigation is warranted after additional information is received. *Pending.*

EPO2018-33: Complainant is a supervisor that alleged the hiring panel of which he was a part selected an unqualified candidate for the position despite discussion that the minimum qualifications were not met. After follow up with HR and a meeting with the interview panel, HR had identified the issue and informed the panel that the candidate could not be selected. I discussed the concerns with the panel and identified there was a misunderstanding of some of the qualifications and what HR was going to validate. The panel understood why the candidate could not receive an offer and adjusted their final paperwork to reflect that. *Closed.*

EPO2018-34: Complainant filed a complaint with my office alleging improper offer by HR that did not match what was posted on TALEO. Upon further discussion with the complainant, this was meant to be a CBA grievance filed by the union, so the complaint was forwarded to BHR –Labor for filing; employee was duly notified of the transfer of the complaint. *Closed.*

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EPO2019-1: Complainant alleged improper transfer and improper use of a Performance Improvement Plan (PIP). Initial inquiry revealed that the transfer may not have been done according to policy; therefore an investigation has been opened. *Pending.*

Reports Issued

My office issued five (5) incident reports this reporting period. Below is a summary of those:

16-005: Complainant alleged rampant discrimination during various hiring processes from national origin discrimination to disclosure of interview questions to the selected candidates. After a deep dive into all of the decision packets for each requisition listed and interviews with supervisors, managers and the department head in addition to several interviews with the Complainant, we did not find any Plan violations. Any allegations of national origin discrimination were forwarded to the EEO Director for investigation, and Complainant was advised to address his CBA violation allegation with his Union. *Not sustained.*

17-003: Complainant alleged that the Department Head for his department does not apply the same disciplinary actions to all employees; specifically, he alleged the Department Head favored one employee above others, refusing to discipline that employee or significantly downgrading the level of discipline. After a complete review of all discipline issued to non-union staff within this department, it was determined there was no Plan violation. The Complainant may disagree with how one employee in particular was disciplined, but the evidenced showed that employee was disciplined numerous times and the Department Head did not have a pattern of disciplining others more harshly or more often. *Not sustained.*

18-002: Complainant alleged that the individual selected for a supervisor position did not meet the minimum qualifications for the position. After a thorough audit of the hiring processes in question, it was determined that there were no problems with how the selection was made and that the hired individual did in fact meet the minimum job qualifications. *Not sustained.*

18-003: Complainant made four separate allegations related to two different hiring processes: (1) that the pre-screening questions for one of the requisitions were not accurate and allowed HR to consider unqualified applicants for the position; (2) a former employee was encouraged to apply by HR management despite HR management knowing she was not qualified for the position; (3) one of the applicants falsified her employment application; and (4) for a different requisition, HR created a job specifically for one individual as evidenced by the lack of minimum qualifications for such a position. After a complete audit of the hiring process for both requisitions, including active monitoring of the validation, interviews and selection processes, as well as interviews with several HR personnel, my office found:

- (1) One of the pre-screening questions was designated incorrectly in TALEO (once alerted, HR corrected for this and it was identified that there was no material implication in the process);

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- (2) No evidence that management violated the Plan when encouraging employees or former employees to apply for a posted position (there was no evidence that a promise was made to the former employee that she would get the position);
- (3) There was no evidence that the applicant falsified her application materials; and
- (4) There was no evidence that the Plan was violated during the creation of the other requisition nor the selection of the hired candidate (qualifications were consistent with other management positions in HR).

Despite not sustaining the allegations made by Complainant, my office did find evidence of a Plan violation. The Complainant was able to obtain the information which informed the complaint by accessing employment and TALEO records that she was not authorized to access at that stage of the hiring processes. This was addressed immediately with HR Management and the entire HR team that access to employment and hiring records. In the Report, I recommended that all staff in HR be reminded immediately about the prohibition of access TALEO information related to positions to which they are not assigned, and to update the Annual HR Plan Training to incorporate this reminder as well.

HR Response – HR agreed with my recommendations. HR leadership met with the staff and iterated the importance of not accessing requisitions and files unless authorized to do so. In addition, I immediately changed the HR Annual training materials to emphasize this point as well. All HR staff were trained on this information by my office throughout the summer of 2018.

18-005: A synopsis of the Complaint and the findings are noted above in the New Complaints section. *Sustained in part* (the applicant did misstate her work experience), no recommendations.

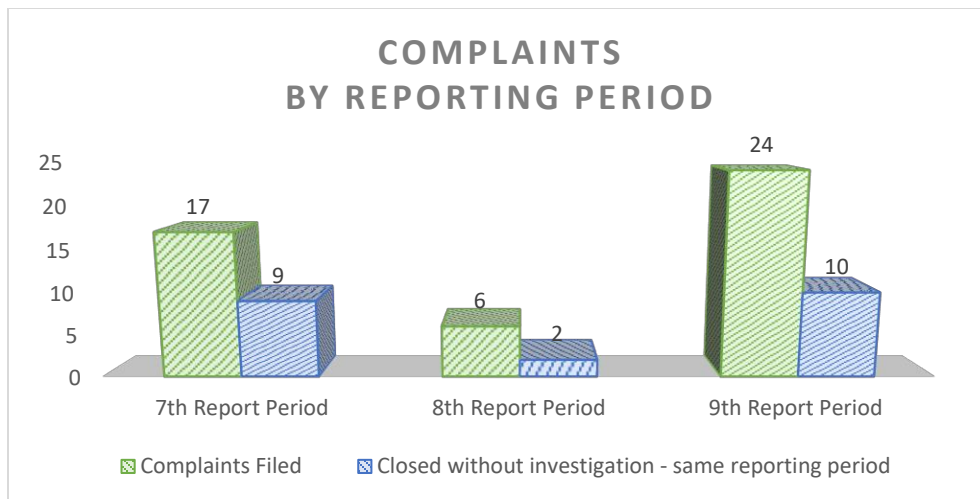
Investigation Summary

The graph below provides a representation of the number of complaints filed over the last three reporting periods alongside the number of new complaints closed during that same reporting period. However, it does not show the volume of investigations completed or the complexities of the remaining investigations.

It is unclear why there were significantly fewer reports during the 8th reporting period, but as you can see, the number of complaints quadrupled during the current reporting period. With that increase in complaints also came a decrease in my staff by half, so we continue to try to close out older files that were handled by prior analysts while keeping up with newly filed complaints. As of December 31st, my office had 38 open files and pending investigations.

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EMPLOYMENT PLAN AMENDMENTS

In October, we submitted updates and amendments to the Employment Plan, two of which were substantive. The first substantive change was to create an ‘indefinite posting’ provision. This allows HR to keep a posted vacancy or group of vacancies posted while the hiring manager begins to review and interview applicants eligible for consideration. This process will allow CCH to try to expand the applicant pool for critical positions which are difficult to fill based on lack of applicant interest or high number of vacancies. It still requires a minimum posting period of 14 days, but allows HR and the Hiring Manager to begin candidate selection while trying to capture more applicants along the way. An indefinite posting ends when the department is filling the last of many vacancies, or when a hard to fill position has been filled.

The second substantive change made in October was a change to Section VII.E Emergencies and Temporary Positions. A one-time, 60 day extension may be approved by the CEO should 120 days be insufficient to fill the vacancies through the normal hiring process. A position or group of positions may be filled on a temporary basis, due to a documented emergency, for up to 120 days. This modification extends that time frame for up to 60 days, in order to keep operations in a department or clinic viable. This extension was utilized in October of 2018 when necessary staffing levels had not been met in the Reproductive Health clinic. After loss of grant funding in June 2018, CCH committed to funding the clinic staff through the operating budget. With a short time frame to transition from a grant-funded clinic, several positions proved difficult to fill. By extending the employment several of the temporary staff, the clinic was able to remain operational until more permanent employees were hired through both our hiring process and a displacement process.

In addition to the substantive Plan changes, CCH is continually updating several of the Plan exhibits, in particular Exhibit 1 – the Actively Recruited Positions list; Exhibit 5 – the Direct Appointment Positions list;

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and Exhibit 13 – the Advance Clinical Positions list. These lists are frequently updated to reflect the constantly changing health landscape and our continual effort to update our job descriptions.

The Actively Recruited list was updated twice. Collectively the updates added 38 positions, removed 36 positions, and modified the title(s) or job code(s) for an additional 16 positions already on the list. As CCH grows in some areas, contracts in others, and reorganizes to fit the changing healthcare landscape, this list frequently needs updating. HR and I have set up a monthly review process to assess whether any changes to this list (or the other lists) are necessary.

The Direct Appointment list was updated in September to include six new nursing leadership director positions and the removal of one position, Director of Clinical Design, Ambulatory Services. In addition, HR submitted two changed job descriptions for position on the Direct Appointment list. There were no concerns with any of the changes to the list or job descriptions.

Finally, the Advance Clinical Position list was modified twice. Advanced Clinical Positions have a less structured hiring process for all licensed positions at CCH that are required to go through a credentialing process. Collectively, these two updates added 34 new positions (either newly created or newly identified as meeting the requirements for this list), remove seven positions (obsolete or eliminated job titles), and correct four titles already on the list.

SUMMARY

During this reporting period, CCH successfully implemented two new provisions of the Plan and the CEO hired 11 new Direct Appointees, including the appointment of a new CHRO. My office closed 15 investigatory files, issued five incident reports and 25 letters of noncompliance, monitored approximately 16% of the posted requisitions, reviewed almost all Supplemental Policies submissions, and conducted discipline audits of 24 departments. Overall, the activity described in this report demonstrates the Plan and associated procedures have been well assimilated into the everyday employment practices at CCH.

Sincerely,



Carrie L. Pramuk-Volk

cc: CCH Board of Directors *via* Deborah Santana, Secretary of the Board, CCH
Jeffrey McCutchan, General Counsel, CCH
Doug Elwell, Deputy Chief Executive Officer, CCH
Barbary Pryor, Chief of Human Resources Officer, CCH
Andrew Jester, Office of the Independent Inspector General

Cook County Health and Hospitals System
Minutes of the Human Resources Committee Meeting
February 19, 2019

ATTACHMENT #2

Human Resources Metric

CCH Board of Directors

Barbara Pryor
Chief Human Resources Officer

February 19, 2019



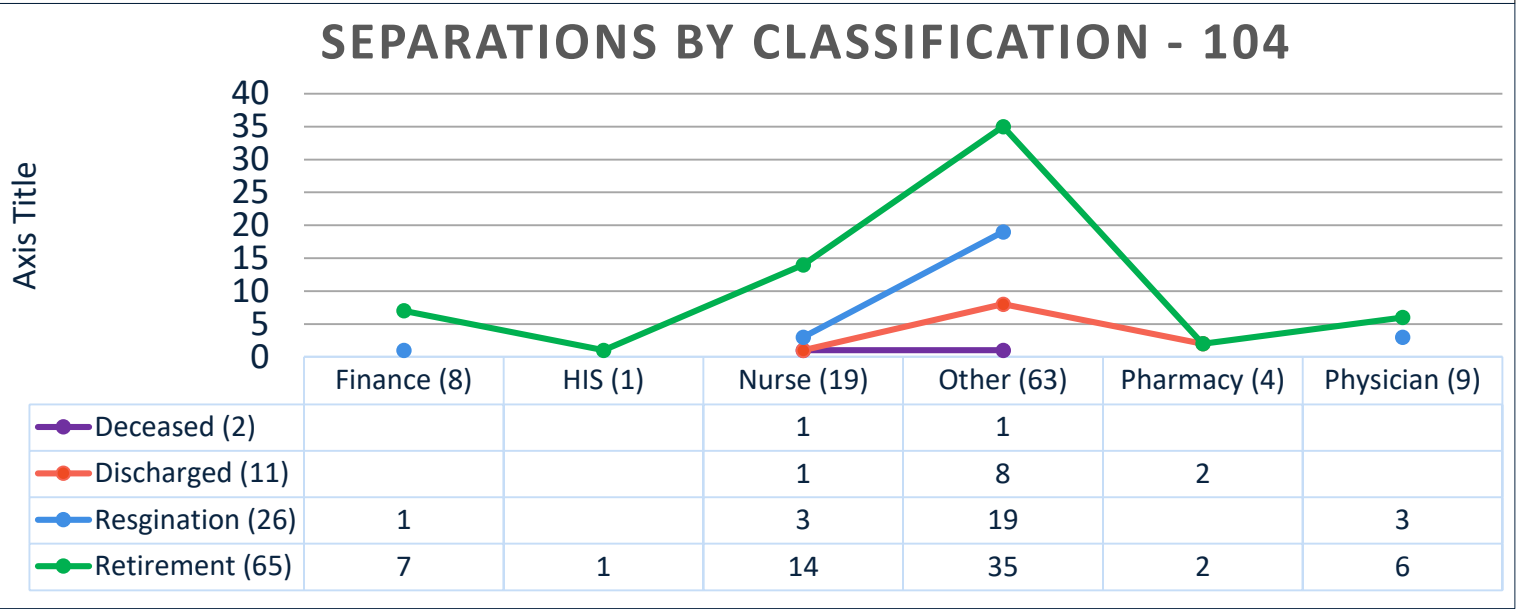
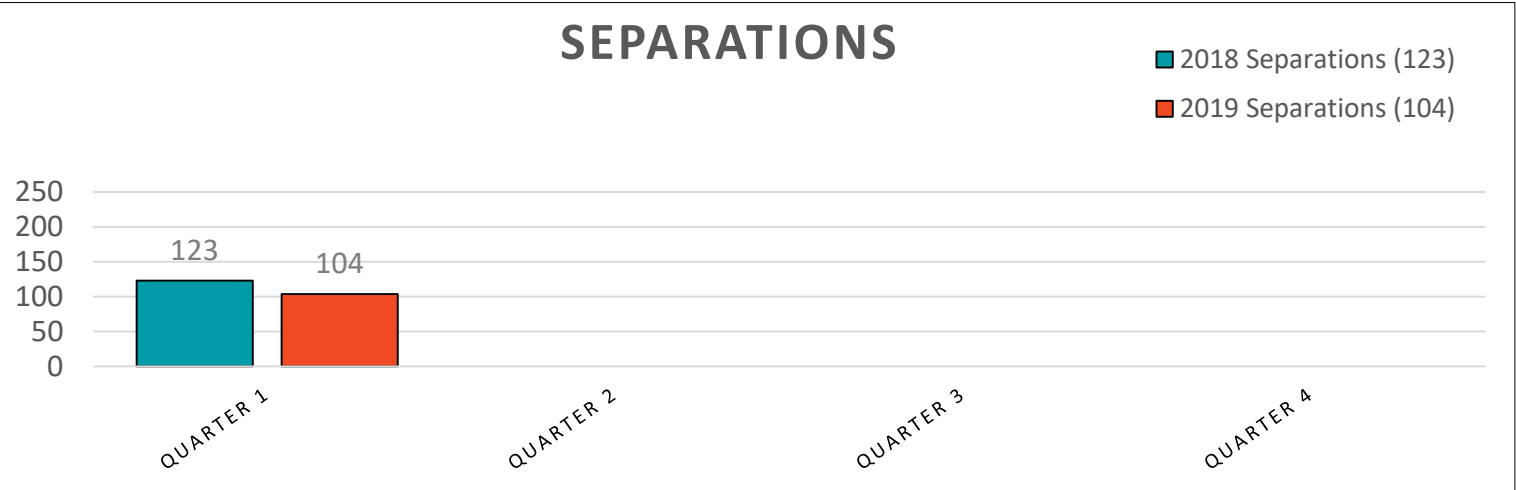
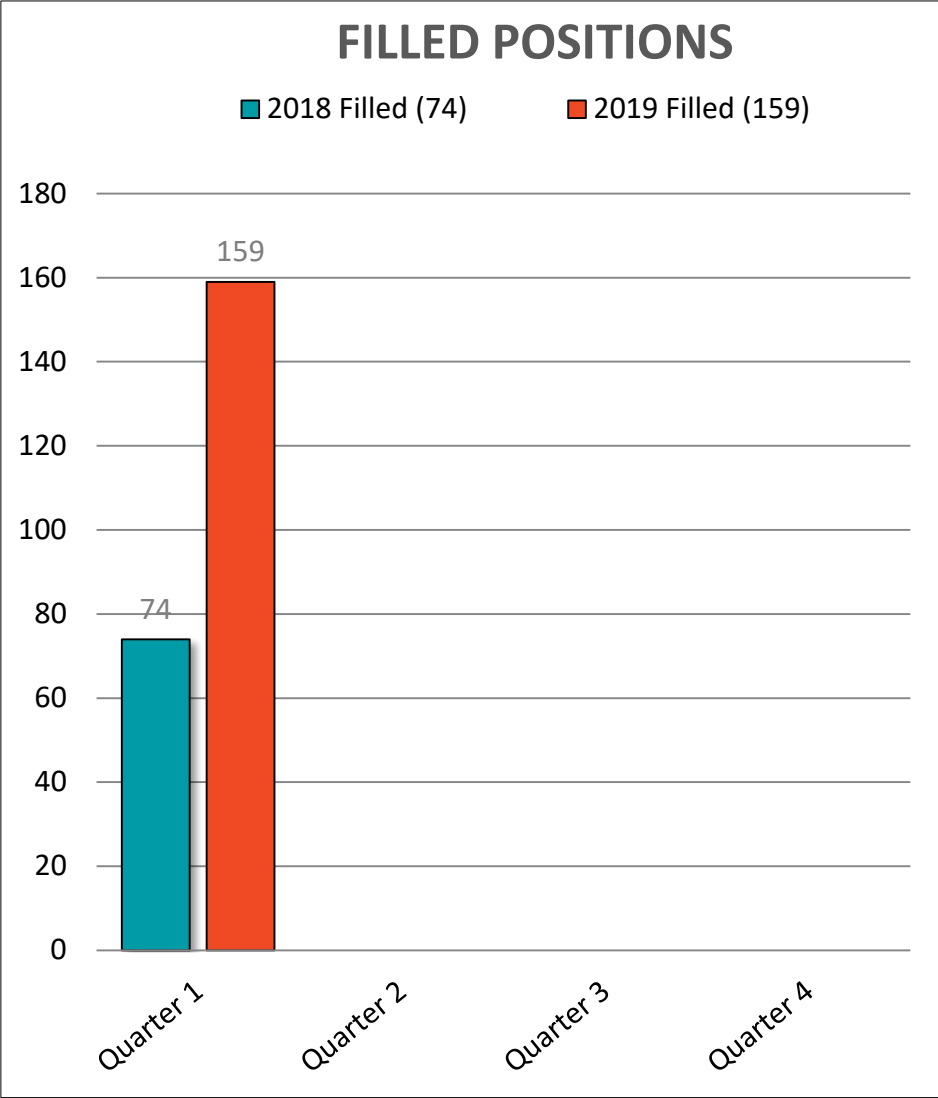
Metrics



COOK COUNTY
HEALTH

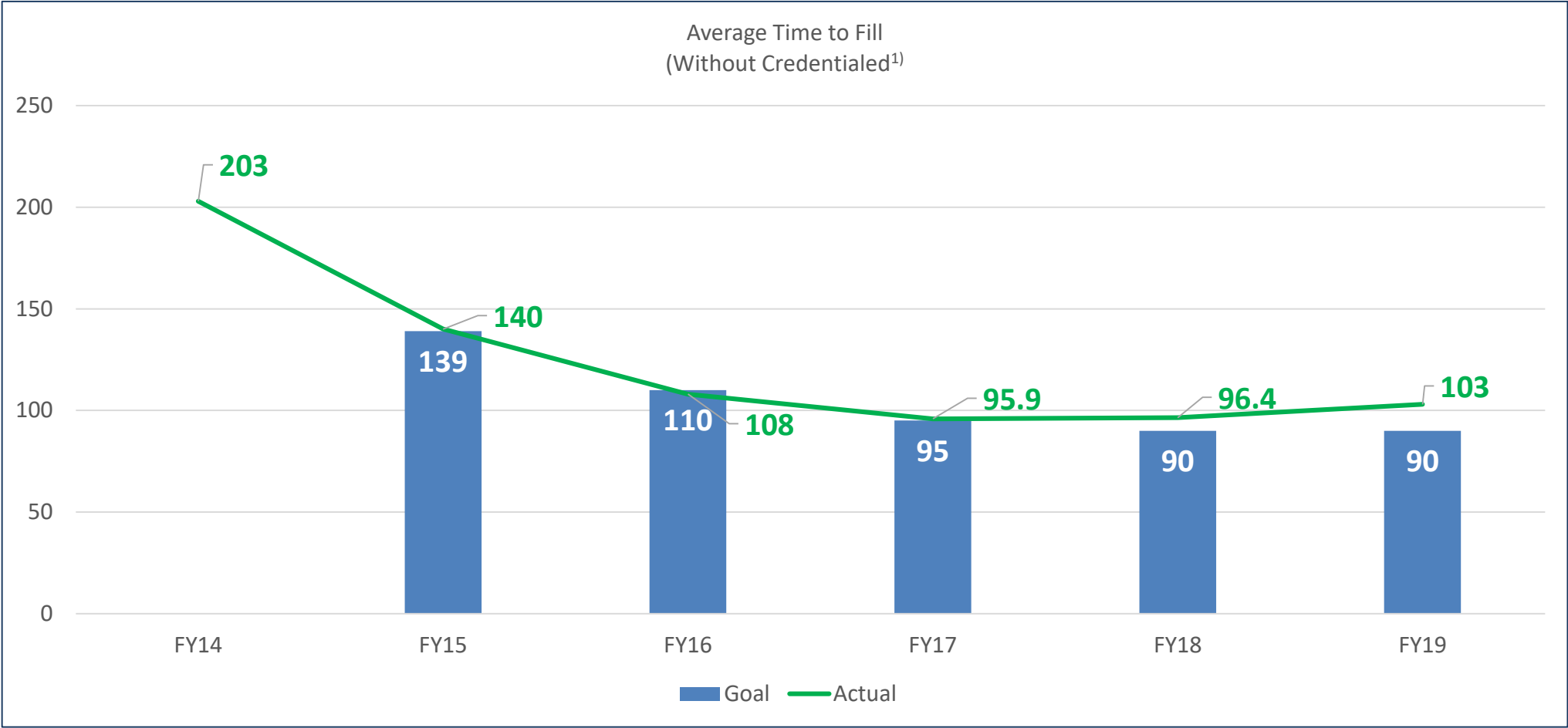
CCH HR Activity Report- Open Vacancies

Thru 01/31/2019



CCH HR Activity Report- Open Vacancies

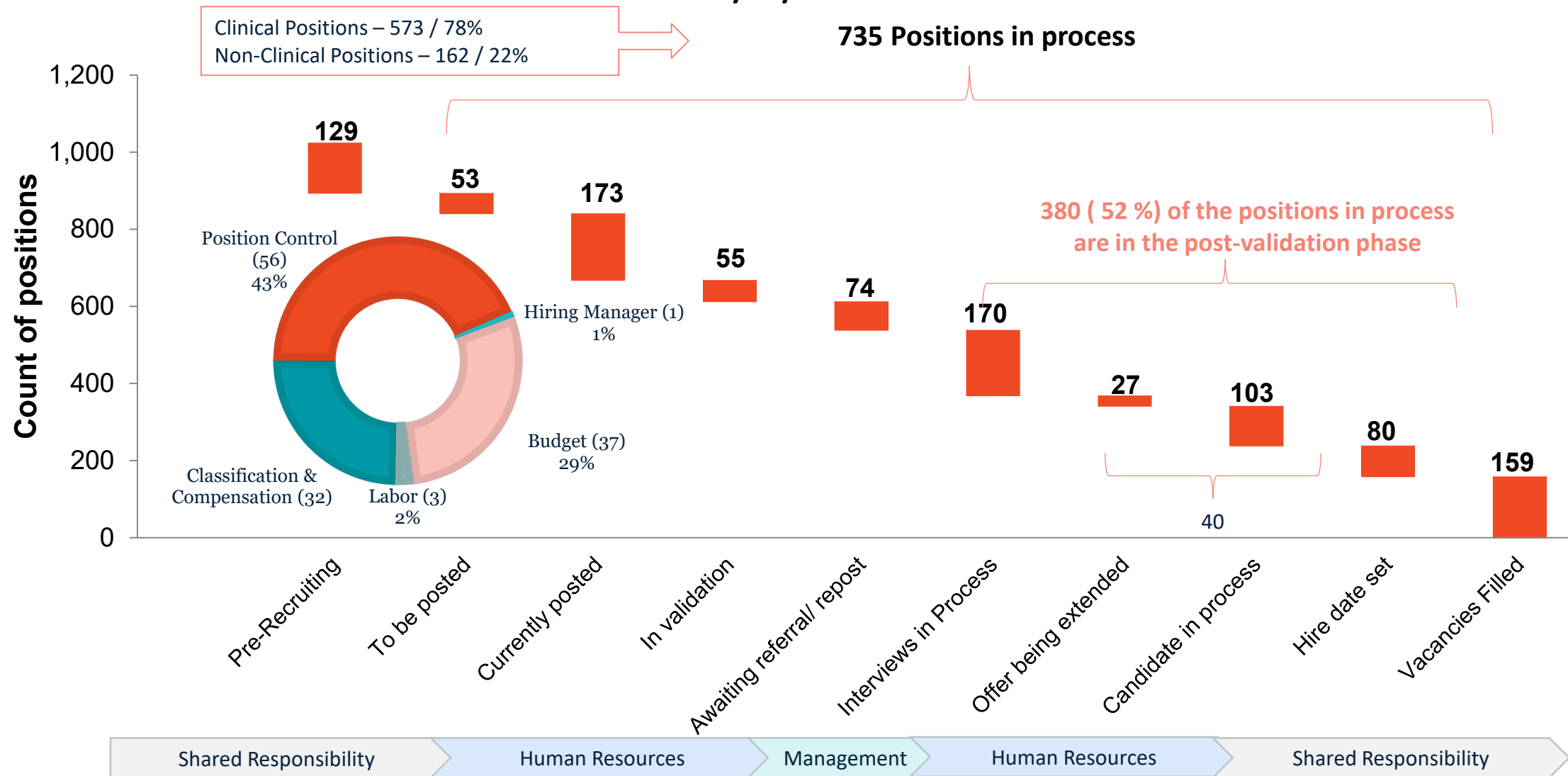
Improve/Reduce Average Time to Hire*



¹Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.

CCH HR Activity Report- Hiring Snapshot

Thru 01/31/2019

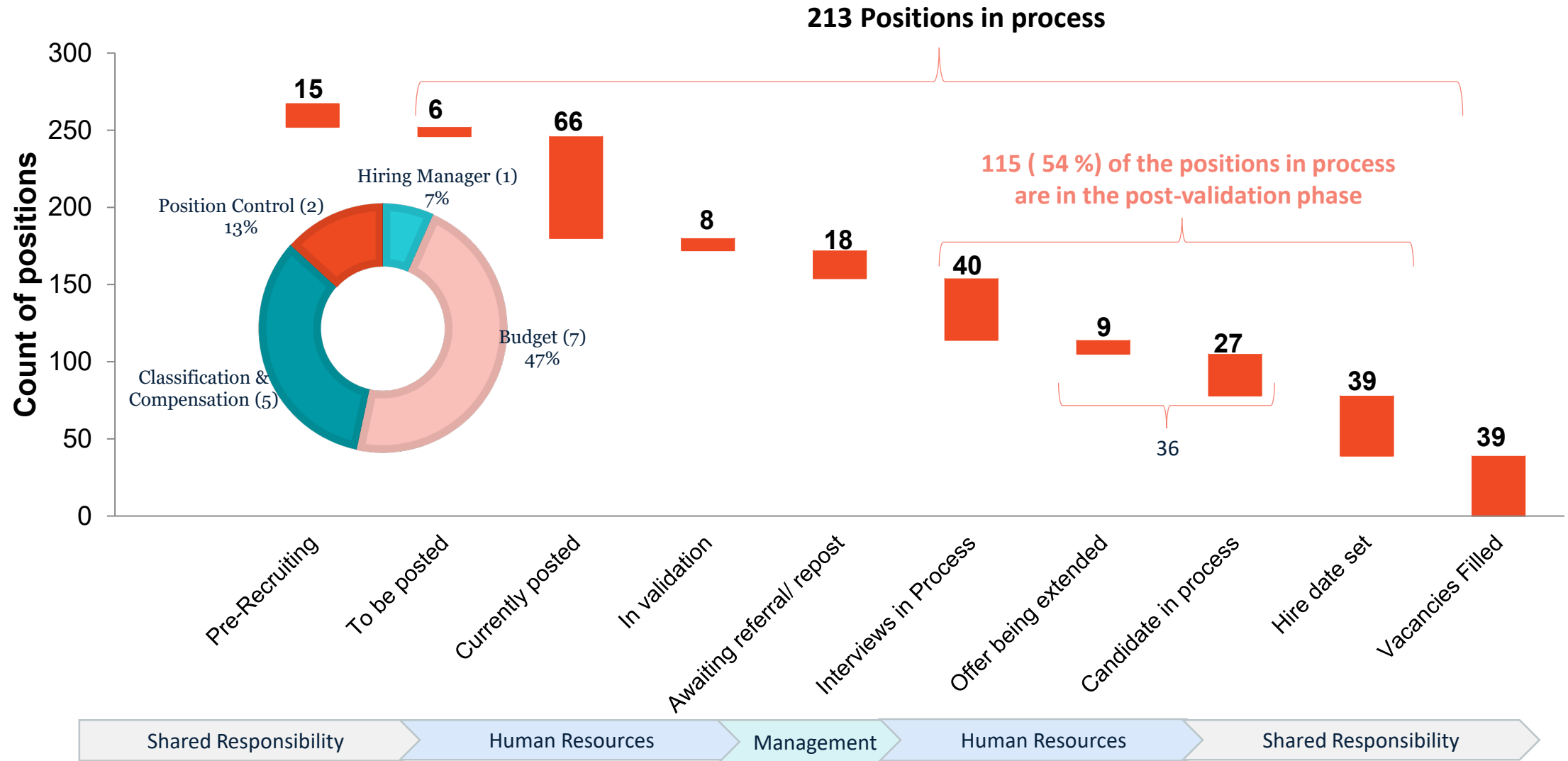


Appendix



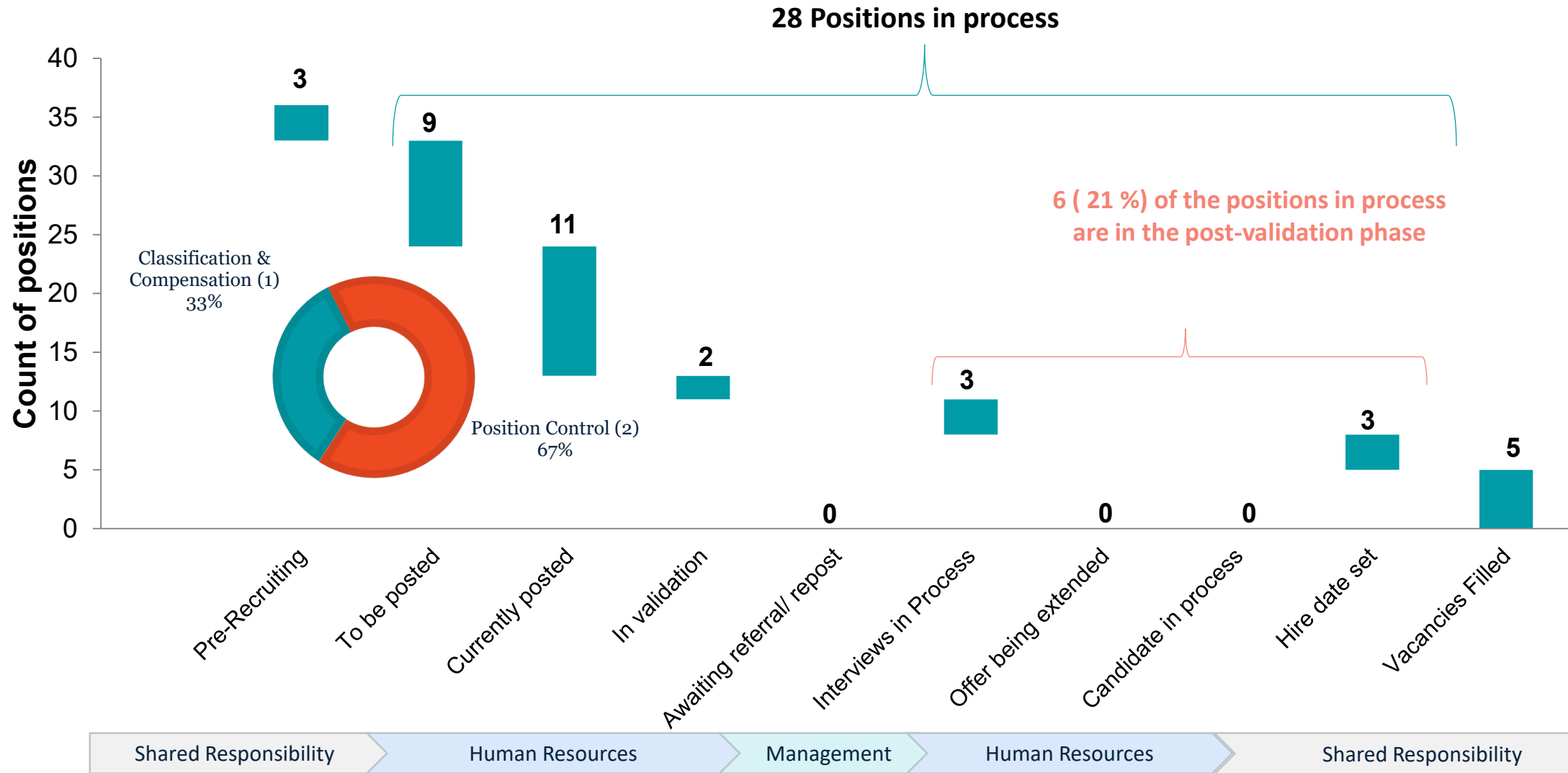
CCH HR Activity Report- Nursing Hiring Snapshot

Thru 01/31/2019



CCH HR Activity Report- Finance Hiring Snapshot

Thru 1/31/ 2019



COOK COUNTY
HEALTH

31 Vacant positions

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Cook County Health and Hospitals System
Minutes of the Human Resources Committee Meeting
February 19, 2019

ATTACHMENT #3

Strategic Planning FY 2020 22



Human Resources

Barbara Pryor

Chief Human Resources Officer

February 19, 2019



Overview of Department

Human Resources

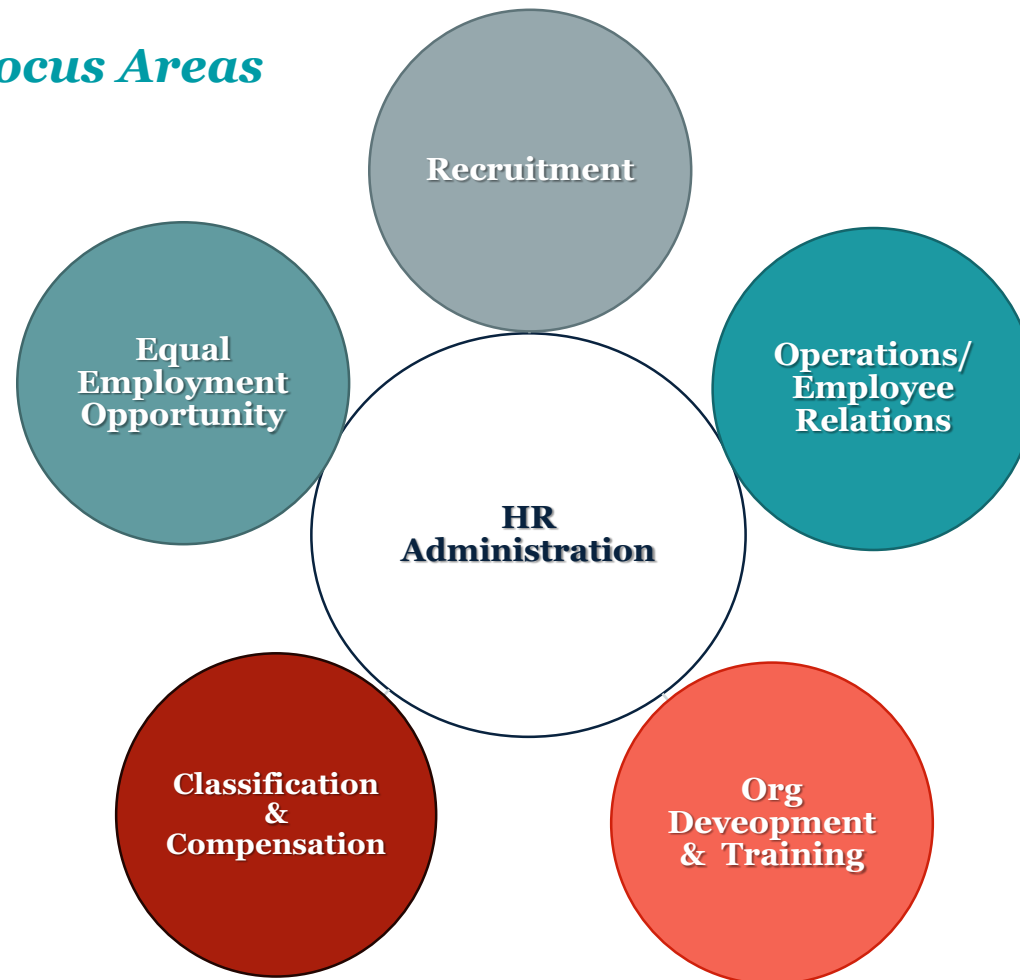


COOK COUNTY
HEALTH

Overview of Human Resources

Human Resources is a Strategic Partner

Focus Areas



Staff Locations

- Stroger Hospital
- Provident Hospital
- Cermak Health Center

Overview of Department

Classification & Compensation

- Research, prepare, standardize, update and maintain job descriptions
 - Approx. 800 active job descriptions
- Conduct market studies / salary analysis
 - MGMA (Medical Group Mgmt Association)
 - Sullivan Cotter
 - Illinois Health & Hospital Association (Formerly MCHC)
- Participate in salary surveys; Hot Jobs surveys

2018 Accomplishments

- Completed over 125 Market Studies for new and existing positions
- Created approx. 25 new Job descriptions
- Created bi-lingual job descriptions for approx 30 positions
- Worked with BHR labor relations to enhance/modify approx. 50 job descriptions

Overview of Department

Recruitment

- Post vacancies; validate candidates; work with management to fill vacancies
- New Hires, Promotions & Transfers
- Work with management to identify external sources, sites, journals, publications, organizations, etc. to post vacancies
- Utilize Social Media outlets to advertise and expand CCH's recruitment efforts

Job Classification	RTH to HR as of 01/31/19	RTH to Recruitment	Posted	Posting Closed	Validation Complete	Referred for Interview	Interviews Complete	Candidate ID'd	Hire Date ID'd	2019 YTD Hired	In Process
Finance	36	33	24	13	11	11	8	8	8	5	28
HIS	4	3	1	1	1	1	1	1	1	2	1
Nurse	267	252	246	180	172	154	114	105	78	39	213
Other	606	506	476	393	376	322	202	185	139	107	399
Pharmacy	18	18	17	14	13	12	6	6	4	2	16
Physician	92	82	77	67	40	39	38	37	9	4	78
Grand Total	1,023	894	841	668	613	539	369	342	239	159	735

Overview of Department

Recruitment 2018 Accomplishments

- Obtained Substantial Shakman Compliance Oct 2018
- Jobs posted to both Online & Print Media sites
 - Targeted approach - Increased quality of candidates in applicant pool
 - Advertise open positions using top flight Health Care Associations / Institutions in healthcare.
 - Each job posted on average to 150 sites depending on specialty

Vacancies Filled	Requisitions	Applicants	Eligible Applicants
706	922	15,606	7,763

Taleo Redirects	2014	2015	2016	2017	2018
Jobs Posted includes reposts	829	1,190	1,109	1,361	1,235
Taleo Redirects Yearly Totals	4,374	12,568	20,818	21,254	18,493

Health Career Network / American Hospital Association	2014	2015	2016	2017	2018
Views	-	746,777	-	765,866	792,068



Overview of Department

Equal Employment Opportunity (EEO)

- Prevent and/or eliminate unlawful discrimination based on race, color, religion, sex (including sexual harassment), age, national origin, genetic information, and disability (physical and mental) .
- Represent CCH in cases filed with external agencies (EEOC, IDHR)
- Investigate and resolve allegations of discrimination
 - The EEO Team investigates allegations of harassment, discrimination, workplace violence, etc.

2018 Accomplishments

- Implemented on line case management system to track & report.
 - Employees have the ability to submit and report EEO cases* on line.
 - ADA Compliance – Implemented ADA process for accommodations.
 - 2018 Cases

Type	2017	2018
EEOC*	17	23
IDHR**	10	17
Internal	61	64
TOTAL	88	104

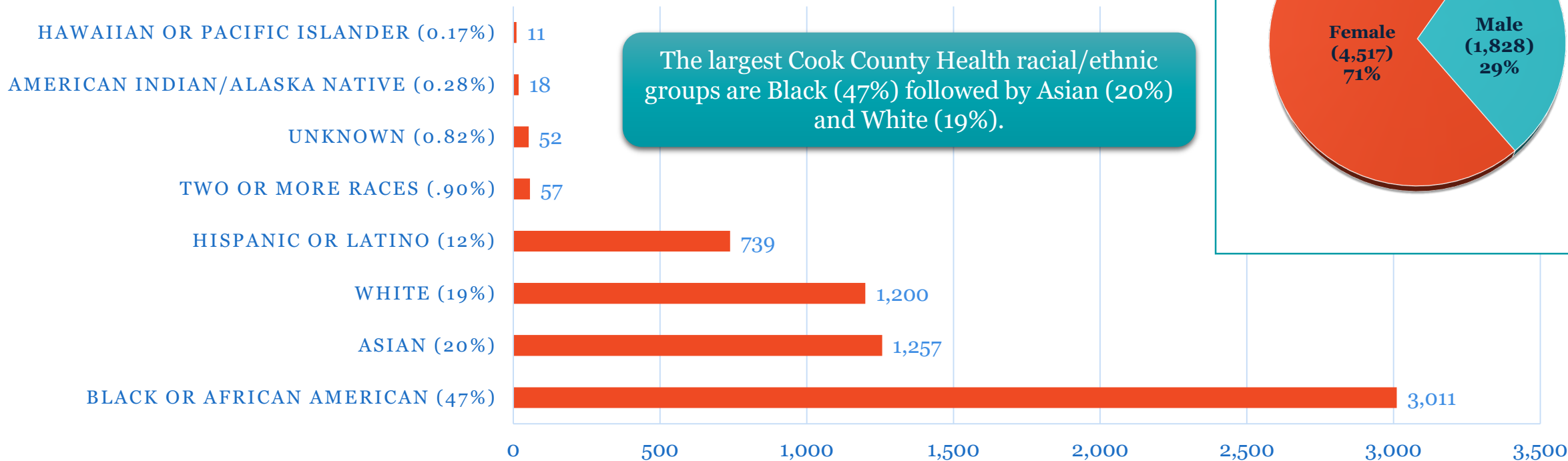
*Equal Employment Opportunity Commission

**Illinois Department of Human Rights



Overview of Department

EEO- CCH Employee Population Race & Ethnicity¹



Data as of 01/31/19

¹Reflects reporting terminology and category as established by the federal government.

²Self identification of Race/Ethnicity is voluntary in accordance with the provisions of applicable federal laws, executive orders, and regulations.

10% of staff do not self identify

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Overview of Department

EEO 2018 Accomplishments

2018 Case categories – 104 Cases(64 Internal, 23 EEOC , 17 IDHR cases)

Race	Sex	Workplace Violence	Retaliation	Sexual Harassment	Harassment	Age	National Origin	Other*	Total
17%	14%	14%	13%	10%	8%	8%	6%	10%	100%

*Other - Sexual orientation, disability, religion

**No charges were substantiated by external agencies

Internal Case Stats

2018 EEO Internal Cases	64 Cases	
Closed	44	
Returned to Dept. (Coaching, mediation, training, managerial guidance)		25
Not Substantiated - No recommended action		8
Corrective Action recommended for inappropriate Conduct		7
Workplace Violence Substantiated		3
Sexual Harassment Substantiated		1

Overview of Department

Operations

Functional areas are:

- New Hire Orientation
- ID Badges/Security Access
- Tuition Reimbursement
- Employment Verification
- Leave Management
- Research employee concerns
- Work with management on employee coaching
- Process Retirement /Separations
- Conduct Primary Source Verification for all licensed professionals



2018 Accomplishments

- Implemented HR ServiceLink - central repository for HR processes to increase efficiency, productivity & service levels. Pilot live at Cermak Health Center. Full launch March 2019
 - Pay rate concerns
 - Accruals
 - Employment Verification
 - EEO
 - Tuition Reimbursement
- Implemented On Line Leave Management System
- Provided Leave Management Training to Managers
 - Leave, Absence, & Disability: Processes, Policies & Strategies

Overview of Department

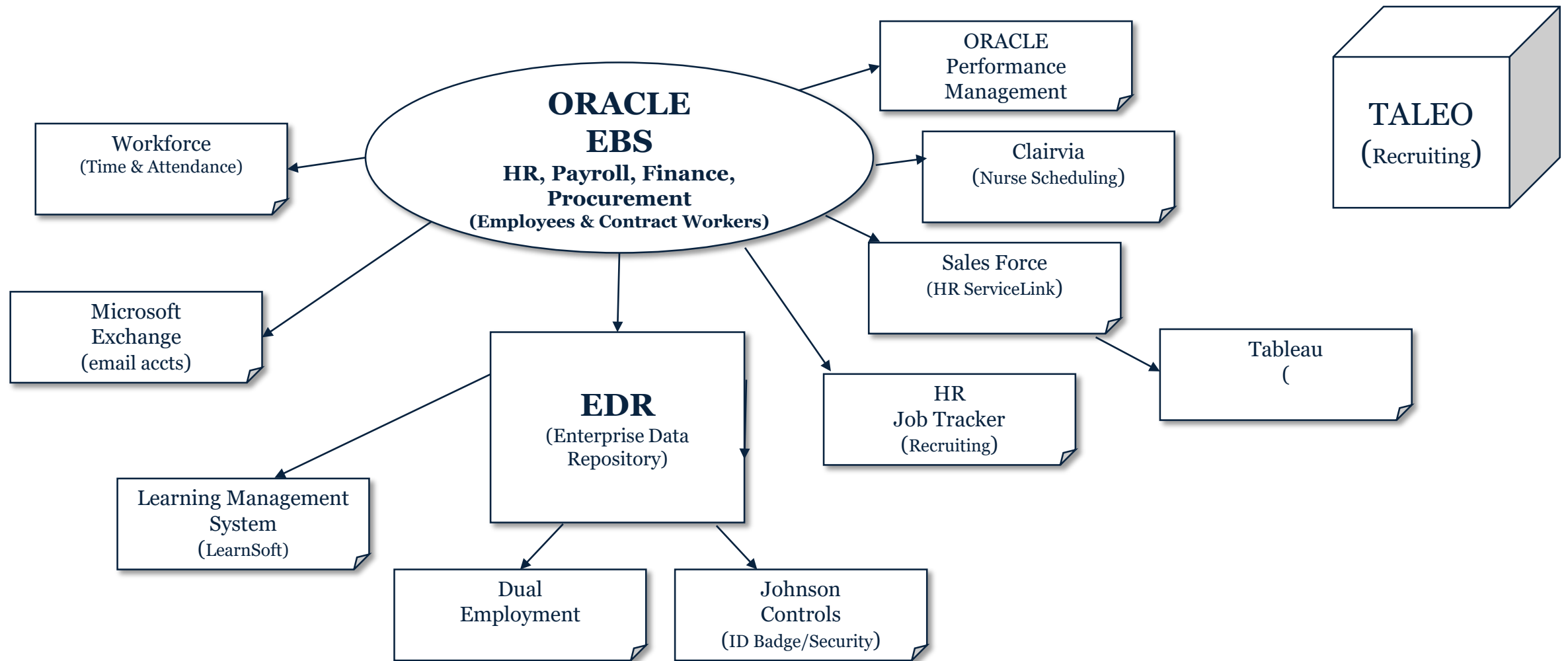
Organizational Development & Training

- Provide training throughout CCH that support organizational initiatives to ensure the delivery of quality service
 - Classroom courses
 - Virtual courses

2018 Accomplishments

- Hired Department Director and 3 Training Analysis to increase department from 1 to 5 staff members
- Restructured New Hire On Boarding Experience
- Graduated the 9th Cohort of the CCH Leadership Development Program
- Implemented new CCH Performance Management System –
 - Anticipated launch Feb 2019
- Developed curriculum for 25 classes targeted for CCH Management Employees - Examples
 - Understanding Cultural Competency and its impact on the Patient & Employee Experience
 - Lead vs. Manage
 - Communications – How to motivate your Team
 - Managing a Dispersed Workforce
 - Moving from Buddy to Boss
 - Onboarding 101: the Ins and Outs of Hiring New Staff
 - Resolving Conflict
 - Self-Awareness: The Power of Self-Evaluation
- Completed 2018 Annual Education requirements

HRIS Technology Integration



Impact 2020 Recap

Status and Results

- Focus Area 1: Deliver High Quality Care
- Grow to Serve and Compete
- Foster Fiscal Stewardship
- Invest in Resources
- Leverage Valuable Assets
- Impact Social Determinants
- Advocate for patients



COOK COUNTY
HEALTH

Impact 2020

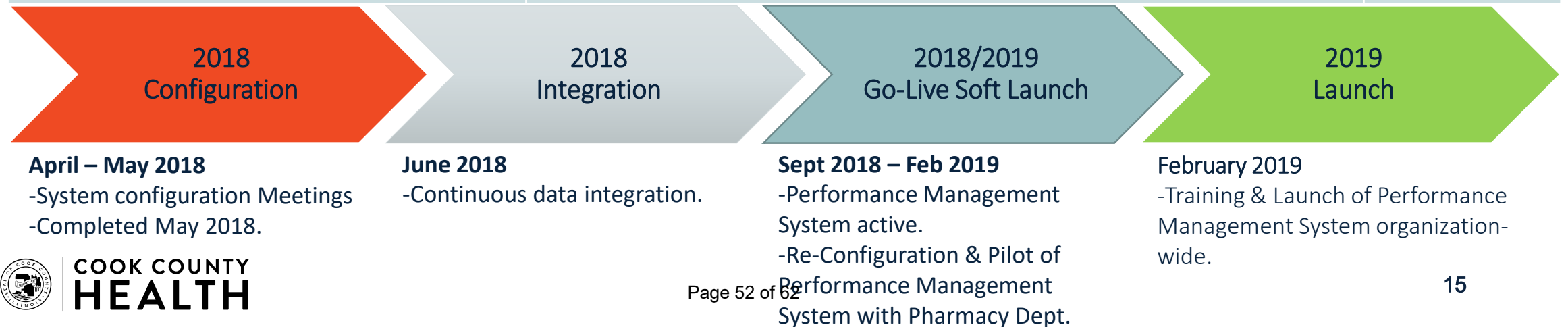
Progress & Updates

Focus Area	Name	Status
Focus Area 1 - Deliver High Quality Care: Improve Health Equity, Provide High Quality, Safe Care	<ul style="list-style-type: none">• Develop Cultural Competency of Workforce• Develop curriculum for CCH on Cultural Competency• Train Employees on Cultural Competency• Track bi-lingual hires	In process
Focus Area 3 – Foster Fiscal Stewardship: Maximize Financial Sustainability and Demonstrate Value	<ul style="list-style-type: none">• Leverage Information Technology ERP• Leverage Information Technology Performance Management<ul style="list-style-type: none">• Perform annual performance evaluations• Go Live Soft Launch• Goal setting / Full Launch• Leverage other Information Technology<ul style="list-style-type: none">• Learning Management System (LMS)• HR Service Link	Completed

Impact 2020

Progress & Updates

Focus Area	Name	Status
Focus Area 4 – Invest in Resources: Develop Workforce	<ul style="list-style-type: none"> Performance Management <ul style="list-style-type: none"> Perform annual performance evaluations Go Live Soft Launch Goal setting / Full Launch (Feb 2019) Expand diversity of recruiting advertising Conduct analysis of organizational leadership needs Analyze span of control for managers 	In process Completed Scheduled Completed In process In process



SWOT Analysis

Strengths, Weaknesses, Opportunities, and Threats



SWOT Analysis

Strengths

- Obtained Substantial Compliance
- Competitive Benefits Package – Tuition, pension, benefits package
- Committed & Experienced Human Resources Staff
- Innovative Improved Operational Technology & Procedures
- Data Driven
- Diverse Competent Team focused on Health Equity

Weaknesses

- CBA/EPO Requirements
- Inconsistent span of control
- IT data integration issues
- Recruitment Process (e.g. need to speed up hiring processes)
- Aging workforce (staff attrition)
- Organizational Culture

Opportunities

- Leverage Technology to Advance Goals
- Improved collaboration with union partners
- Leverage Partnerships, Advertising and Social Media
- Increase Employee retention / engagement
- Coordination with BHR Labor
- Enhance Recruitment / Hiring Process
- Leverage Management Training and Professional Development

Threats

- Forecasted Nursing Shortage
- Competition in Medical Field
- Healthcare Workforce Shortage

FY 2020-2022



Strategic Planning Recommendation



Deliver High Quality Care

FY 2020-2022 Strategic Planning Recommendations

1.5 – CCH will work to ensure that patients receive Culturally and Linguistically Appropriate Services (CLAS) through effective, understandable and respectful care, in a manner compatible with cultural health beliefs and practices and preferred language.

- Develop cultural competency of workforce
- Conduct training of 100% of CCH Employees
- Creation of CCH Training Council
- Align Training Initiatives across CCH
- Formalize training across organization –i.e. (Nursing, Patient Safety, Finance)
- Strengthen hiring of bilingual employees
 - Partner with local organizations – i.e. National Association of Hispanic Nurses, Chicago Workforce Initiative
 - Expansion of outreach with local healthcare partners / universities
 - Expand CCH Outreach to increase hiring in the diverse communities we serve.

FosterFiscal Stewardship

FY 2020-2022 Strategic Planning Recommendations

3.3- Demonstrate fiscal responsibility with limited resources by controlling costs maximizing efficiency

- Streamline administrative processes (i.e. reduce time to hire, increase automation)
 - Continue to enhance, analyze and reduce the recruiting life cycle
- Leverage other information technology initiatives
 - Job Tracker / Taleo System Enhancements
 - Enhance Absence Compliance Tracker (ACT) - to generate letters, emails, notifications
 - Implement Primary Source Verification Tool to automate process
 - Verification from the original source of a specific credential (education, training, licensure) to determine the accuracy of the qualifications of an individual health care practitioner.

FosterFiscal Stewardship

FY 2020-2022 Strategic Planning Recommendations

3.3- Demonstrate fiscal responsibility with limited resources by controlling costs maximizing efficiency

- Leverage other information technology initiatives
 - Electronic Document Management System - Enables HR to manage documents efficiently and compliantly.
 - Centralize repository for employee and HR documents
 - Secure documents and minimize compliance risk
 - Ensure documents are secure from theft and other threats
 - Reduce storage cost, manual labor & maintenance of documents

Invest inResources

FY 2020-2022 Strategic Planning Recommendations

4.2 Recruit, hire and retain the best employees, who are committed to the mission

- Post Substantial Compliance - Opportunity Review
 - Reduce time to hire & complexity of hiring process
 - Revisit /re-engineer hiring processes
 - Job fairs – Explore same day - Onsite Interviews/Offers
 - Ease restrictions on Manager contact with candidates
 - Review validation process to increase percentage of viable candidates (Employment Plan Enhancements)
 - Plan Revisions (i.e. modify policies – Reclassification & Transfer)
 - Re-engineer - Standard Hiring HR Process

Invest inResources

FY 2020-2022 Strategic Planning Recommendations

4.3 – StrengthenCCH Workforce

- Performance Management
 - Rollout to all employees
 - Align performance to strategic goals and compensation
- Succession Planning - Partner with Compliance Officer
- Engagement & Safety Committee Oversight (Nursing, Quality & HR)
- Employment Recognition & Appreciation Program
 - As we continue to change the culture of CCH, employee morale is area we can improve.
 - Service Anniversaries
 - Highlight Employee Accomplishments

Invest inResources

FY 2020-2022 Strategic Planning Recommendations

4.3 – StrengthenCCH Workforce

- As we change the culture and transform CCH into a Learning Organization, we must continuously provide just-in-time training offered through our LMS in addition to instructor-led courses geared toward the needs of CCH Employees
- Enhance Training Curriculum
 - Instructor lead Training courses targeted for all CCH Employees
 - Offer online training modules targeted to specific populations for the following areas:
 - Utilize *MBTI /DISC Assessment tools to shape behaviors, strengthen Mgmt Team
 - Develop additional Training Courses
 - Procure online content – Microsoft Office Training Courses

*MBTI (Myers Briggs Type Indicator) /DISC (Dominant, Inspiring, Supportive & Cautious)



Thank you.

Questions?



COOK COUNTY
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